

Improving Preparedness Through Sharing Public Health and Homeland Security Information

Introduction

All man-made and natural disasters have public health implications. Tornadoes can cause mass casualties. A bombing or other type of terrorist attack can result in widespread psychological trauma. A pandemic outbreak could lead to a run on pharmaceuticals. However, many states' homeland security and public health enterprises are not well coordinated. Information sharing across systems is uneven. Grants and planning activities are not always well integrated. Alerts and emergency notifications often do not cross agency boundaries; when they do, they may not be well understood by other jurisdictions. The result is duplication of effort and, more importantly, gaps in states' overall preparedness and response capabilities.

Since 9/11, the 2001 anthrax attacks, and the 2009 H1N1 pandemic, state and local governments have made some progress in public health preparedness. Many are doing more to monitor disease outbreaks, develop plans for distributing vaccines and antiviral medications, and isolate and quarantine people with communicable diseases. States have also made improvements in homeland security through state and local fusion centers—intelligence and analysis hubs used by law enforcement, homeland security, and other partners for “all-hazards, all-crimes” analysis.

To continue to improve on those capabilities, states must ensure coordination of their homeland security and public health preparedness efforts. Officials in states where there is partnership between public health

and homeland security agencies are better able to respond to worst-case scenarios.

Unfortunately, states still struggle to link potent intelligence and analytic tools that would coordinate the public health and homeland security sectors. A major challenge to linking those capabilities stems from the differences among the missions, cultures, and business practices of homeland security and public health agencies. In addition, because much state and federal work on homeland security is classified, many preparedness partners—such as public health agencies—are often excluded from key planning and decisionmaking activities.

States also face shrinking federal preparedness grant programs that support the development of public health preparedness and fusion centers. As budget and grant capacity to support public health preparedness and homeland security declines, states are looking for ways to collaborate, avoid duplicative efforts, and combine and consolidate programs. Meanwhile, the threat to the public from man-made and natural disasters persists.

The Governor's Role

Governors can improve how disparate state and local agencies work together to produce useful homeland security and public health information. By directing agency heads and encouraging local governments to develop an integrated approach to sharing information among public health and homeland security agencies,

states can greatly improve their situational awareness of emerging threats and disaster response.

To improve information sharing and better protect the public, governors can take the following actions:

- Promote a cross-agency culture of preparedness between homeland security and public health agencies;
- Direct agencies to formalize and coordinate preparedness and response capabilities for emergencies;
- Use state and local fusion centers to improve the sharing of public health and homeland security information;
- Take advantage of federal programs that fund efforts to coordinate public health and homeland security agencies; and
- Leverage cross-agency partnerships to support the state’s intelligence enterprise.

Promote a Cross-Agency Culture of Preparedness Between Homeland Security and Public Health Agencies

States can take a few basic actions to build a culture of preparedness.

First, governors should encourage state agency heads to establish trust through informal and formal relationships. State agency heads should build on their trust and interpersonal relationships to then formalize those relationships into departmental agreements—such as memoranda of understanding—to share and verify public health preparedness and homeland security information.

Next, state agencies should promote awareness of each preparedness office across state agencies. State agencies should become familiar with the different ways public health preparedness offices and homeland security agencies approach a disaster. For example, public health departments tend to launch public awareness campaigns during health threats and take action based on laboratory confirmation of a threat. In contrast, homeland security officials often rely on classified analysis for decisionmaking. Information shared with the public is limited to protect the investigation or operations of law enforcement. Both methods are equally valid during an emergency, but close coordination will help unify the response.

Direct Agencies to Formalize and Coordinate Preparedness and Response Capabilities for Emergencies

Some governors have formalized the trust and relationships among departments through executive orders. For example, **Colorado** Governor John Hickenlooper issued an executive order naming all the agencies that will partner with the Colorado Information and Analysis Center, a division of the state’s homeland security and public safety department.¹ In **Virginia**, Governor Bob McDonnell issued an executive order promoting what he dubbed a cross-agency “culture of preparedness.”² This executive order enabled state agencies to develop state-level preparedness plans and coordinate cabinet-level communications on a routine basis.

Washington also had the foresight to formalize relationships among state agencies by creating an emergency management council in 1995. This council—comprised of 17 state and local agencies, including

¹ Colorado Governor John Hickenlooper, “Coordinating State Homeland Security Duties and Resources and Establishing the Homeland Security and All-Hazard Senior Advisory Committee,” Press Release, October 18, 2011, <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadvalue1=inline%3B+filename%3D%22D+2011+030.pdf%22&blobheadvalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251771183188&ssbinary=true> (accessed October 24, 2012).

² Virginia Governor Bob McDonnell, “Continuing Preparedness Initiatives In State Government and Affirmation of the Commonwealth of Virginia Emergency Operations Plan,” Press Release, September 30, 2011, <http://www.governor.virginia.gov/PolicyOffice/ExecutiveOrders/viewEO.cfm?eo=41> (accessed October 24, 2012).

public health, law enforcement, and local officials—reports to the state adjutant general and the governor.³ This council was thriving before September 2011 and was well prepared to address homeland security challenges using an interdepartmental and interdisciplinary approach. It still functions as the node for collaboration and information sharing among all preparedness partners in the state.

Governors should expect such formal, interagency coordination efforts to produce useful tools that can enhance emergency response preparedness. For instance, some states have developed scenario-based, multidisciplinary “playbooks” for governors that list the specific authorities provided in state and federal law that the governor could exercise in the event of a disaster. Washington state has just such a long-standing guidebook that includes the executive powers of the governor and other elected officials in given scenarios.⁴

Use Fusion Centers to Improve Information Sharing Between Public Health and Homeland Security Agencies

The fusion center—an intelligence and analysis hub—is a powerful tool that facilitates public health and homeland security collaborations. Since their inception in 2005, those centers have shared federal intelligence as well as state and local criminal justice data to combat crime and terrorism in many states and urban areas. They have become a critical node for fostering collaboration and information sharing among federal and state intelligence and law enforcement agencies. Homeland security and public safety offices oversee the operations of fusion centers.

Not all fusion centers share the same information in precisely the same way. Some fusion centers are multijurisdictional, all-hazards centers; others focus exclusively on law enforcement or take an “all crimes” approach to intelligence. Still other centers reside in local jurisdictions that lack the capacity to successfully integrate state public health data to enhance public safety.

Nonetheless, some state fusion centers have expanded their capabilities and mission to include public health partners in the response to all-hazards events. Other states augmented their state law enforcement intelligence capabilities by incorporating public health agencies as advisors.

State agencies and leaders can benefit from these relationships. For instance, connecting the state public health enterprise to the state fusion center can enhance senior leaders’ access to technical analysis that might assist with policymaking or response decisions.

For example, the Orlando-based Central **Florida** Intelligence Exchange⁵ and the Colorado Intelligence and Analysis Center⁶ combine state law enforcement intelligence with public health data to reduce the risks to law enforcement and fire departments that respond to suicide cases where the victim used chemicals and other hazardous materials. Both of these fusion centers have reduced risk by providing first responders with information on approaching and handling a vehicle or suicide device that has biohazard implications. Another example of a fusion center working well is the Los Angeles Joint Regional Intelligence Center (JRIC). This regional all-hazards center trains law en-

³ Washington State Emergency Management Division, “Emergency Management Council,” <http://www.emd.wa.gov/about/WashingtonMilitaryDepartmentEmergencyManagementDivision-AboutUs-EmergencyManagementCo.shtml> (accessed October 24, 2012).

⁴ Washington Elected Officials Emergency Powers, “Senior Public Officials Workshop, May 2007, Appendix A. Guide to Emergency Management Policy Issues,” <http://www.emd.wa.gov/training/documents/GuidetoEmergencyManagementPolicyIssues.pdf> (accessed October 24, 2012).

⁵ Kristie Toruno, “Central Florida Intelligence Exchange” (presentation at NGA Public Health and Homeland Security Workshop, Washington, DC, April 27, 2012), <http://www.nga.org/files/live/sites/NGA/files/pdf/1204PublicHealthToruno.pdf> (accessed October 24, 2012).

⁶ Robin Koons, “Colorado Intelligence Analysis Center” (presentation at NGA Public Health and Homeland Security Workshop, Washington, DC, April 27, 2012), <http://www.nga.org/files/live/sites/NGA/files/pdf/1204PublicHealthKoons.pdf> (accessed October 24, 2012).

forcement officers to identify Russian and Armenian organized crime engaged in health care fraud. As a consequence, JRIC was able to launch an investigation into fraudulent health care claims valued at \$4 million.⁷ By using fusion centers to engage in cross-discipline information sharing, states can become even more effective in investigating and prosecuting perpetrators—and even recoup ill-gotten gains.

To achieve such results, it is important for public health and state homeland security offices to work together to define the technical parameters of information sharing in the fusion center environment. A central aim should be to define what each discipline needs to complete investigations and make preparedness plans for the state. State agencies can then begin to determine what data are worth sharing. Those data can then be shared among agencies through a common operating picture or geospatial platform.

By proving the value of sharing public health data across disciplines, states can become even more effective in investigating and prosecuting crime. To further these efforts, state agencies should define the information each discipline needs to complete investigations, determine what data are worth sharing, and find ways to present that information in a common format to the decisionmakers who need it. At an operational level, public health and state homeland security offices can then work together to define the technical rules and processes that will govern information sharing in the fusion center environment.

For example, **New Jersey's** Regional Operations Intelligence Center (ROIC) is an all-crimes center that employs a public health analyst from the state's department of health to analyze cases with public health information. ROIC has coordinated with New Jersey's Department of Health to identify gunshot wound re-

porting data from hospitals using police shooting reports. The state found that many gunshot victims were also active shooters or had prior criminal activity. By comparing law enforcement and public health data, New Jersey was able to identify and arrest more criminals.

Take Advantage of Federal Programs That Fund Efforts to Improve Information Sharing Between Public Health and Homeland Security Agencies

The federal government recognizes that public health is a long-standing system for surveillance, detection, reporting, analysis, and dissemination of man-made and naturally occurring health threats. In 2011, it offered states guidance for integrating the public health system into homeland security systems. The United States Department of Homeland Security (DHS) Office of Health Affairs' *Health Security: Public Health and Medical Integration for Fusion Centers*, an appendix to DHS doctrine on fusion centers, can be used by states to integrate public health data analysis into the work of the all-hazards or all-crimes fusion center.⁸

Additional support is available from the United States Department of Health and Human Services Assistant Secretary for Preparedness and Response to support state hospital preparedness activities and limited security clearances for state preparedness personnel. The Centers for Disease Control and Prevention (CDC)—also funds a preparedness grant program that provides states with health security assistance, such as training, support for exercise planning, and resources for emergency response.

Even without federal security clearances and guidance, states can share sensitive information during an emergency. For example, law enforcement agencies

⁷ Philip Perez, "Joint Regional Intelligence Center, Los Angeles County" (presentation at NGA Public Health and Homeland Security Workshop, Washington, DC, April 27, 2012), <http://www.nga.org/files/live/sites/NGA/files/pdf/1204PublicHealthPerez.pdf> (accessed October 24, 2012).

⁸ U.S. Department of Homeland Security, *Health Security: Public Health and Medical Integration for Fusion Centers, An Appendix to the Baseline Capabilities for State and Major Urban Area Fusion Centers* (Washington, DC: April 2011), <http://www.it.ojp.gov/docdownloader.aspx?ddid=1450> (accessed October 24, 2012).

can issue nondisclosure agreements to enable them to share sensitive information with public health officials. That law enforcement practice—used by the FBI—could have applications for homeland security and public health preparedness officials, as an alternative to the onerous federal security clearance process.

Leverage Cross-Agency Partnerships to Support the State's Intelligence Enterprise

Some states have leveraged their trust, formal relationships, disparate grant funding and federal resources to develop a fusion center solution that fits the needs of all the partners in their state to support all-hazards fusion centers. **New Hampshire's** fusion center is supported by federal grants. The state uses grants from both DHS and CDC to support the state personnel from the state health department, emergency management and homeland security offices in their fusion center. As a result, the fusion center is an all-hazards resource for all state partners.

However, as each agency commits resources and personnel to a fusion center to support state efforts, the re-

lationship among fusion centers, homeland and public health should be reciprocal. The value proposition or business case for a health commissioner or homeland security advisor to participate in information sharing in a fusion center should be mutual and can only be realized if both enterprises provide and receive information that helps each better achieve their goals. State officials expect data sharing to help criminal investigations and are rewarded with augmenting their own investigations using homeland security data, as the New Hampshire example illuminates.

Conclusion

Ongoing efforts in many states point to best practices that governors can adopt to improve information sharing between their homeland security and public health agencies. States can use existing tools such as fusion centers to improve awareness of and prepare for future disasters and threats. They can tap existing resources to create new capacities to analyze more data in more sophisticated ways. By employing these and other tactics, states can take critical steps to plan for and respond to emergencies.

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